



**DIVISION OF
ENVIRONMENTAL
PROTECTION**

INJECTION WELL NOTIFICATION FORM

The State of Nevada is required to protect our groundwater resource by regulating discharges below the ground surface via injection wells. Injection wells are dry wells, septic systems and other subsurface leaching systems.

Completion of this notification form registers the presence or absence of Injection Wells at your facility.

Location of Facility

Facility Name

Street Address

City Zip

County

Phone (include area code)

Legal Contact/Authorized Operator/ Property Owner

Name & Title

Street Address

Mailing Address

City State Zip

Phone (include area code)

OWNER/CORPORATION NAME IF DIFFERENT THAN FACILITY NAME: _____

Type of Business: _____
(Provide brief description of services/products provided/produced/manufactured)

How are domestic sanitary wastes handled?

- ☐ Septic System / Leachfield.
☐ Dry Well ☐ Holding Tank
☐ Other _____ (type of system)

How are industrial wastes handled?

- ☐ Septic System / Leachfield.
☐ Dry Well ☐ Holding Tank
☐ Other _____ (type of system)

Are floor drains present at facility? ☐ Yes ☐ No

If **YES**, number and location of each. _____

Where do floor drains terminate? _____

Have floor drains been plugged? ☐ Yes ☐ No

If **YES**, approximate date they were plugged. _____

Is a separator / interceptor installed on premises?

- ☐ Yes ☐ No If **YES**, number, type and capacity of each.

Number and size of septic tanks on premises:

If you have any permits, list permitting entity(ies) and permit number(s): _____

Are any types of liquids, other than domestic wastes, discharged from facility? ☐ Yes ☐ No
If **YES**, list liquids and approximate amounts discharged.

The above listed liquids are discharged to:

- ☐ Septic System / Leachfield.
☐ Dry Well ☐ Holding Tank
☐ Other _____ (type of system)

Drinking water source:

- ☐ Public drinking water system

Name of provide: _____

☐ Private water well Depth to groundwater: _____

Distance from septic system to water well: _____

Distance from any/all leachfields to water well: _____

Is facility connected to a public sanitary system?

- ☐ Yes ☐ No If **YES**, name of public sanitary provider:

Is a storage tank present? ☐ Yes ☐ No

If **YES**, number & capacity of tank(s): _____

- ☐ Above ground ☐ Underground

CERTIFICATION (READ & SIGN AFTER COMPLETING ALL SECTIONS)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of official title of owner or owner's authorized representative (Print):

Signature:

Date Signed:

Return this form to: Groundwater Protection Branch, 333 W. Nye Lane, Room 129, Carson City, NV 89706
775 687-9442 or 775 687-9428